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GUEST: **David Alnwick**
Head of the Health Section
UNICEF

JOURNALISTS: Thalif Deen, Inter Press Service
Betsy Pisik, The Washington Times

MODERATOR: Michael Littlejohns

THE STATE OF THE WORLD'S CHILDREN 1998

Malnutrition is the main theme of UNICEF's report on the state of the world's children for 1998. David Alnwick, Chief of the Health Section of UNICEF, discusses the causes of malnutrition in rich and poor countries, as well as its impact on the overall well-being of children. He states UNICEF's position regarding a number of issues related to malnutrition caused by wars and embargoes. Mr. Alnwick also explains the solutions the report suggests to deal with the issue of malnourishment.

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Executive Producer: Kamil Taha
Director: Livingston Hinckley
Production Assistant: Corazon A. Icasas

ANNOUNCER: From United Nations Headquarters in New York, this is **World Chronicle**, an unedited interview programme about major global issues. Here now to introduce our guest is the host of today's **World Chronicle**.

LITTLEJOHNS: I'm Michael Littlejohns, and this is **World Chronicle**.

A recently published report for the United Nations Children's Fund, UNICEF, states that malnutrition is affecting the lives of millions of young children worldwide. It contributes to the death of more than six million children, under the age of five, in developing countries every year. Malnutrition violates children's rights in many ways and jeopardizes their physical and mental development. Why should children suffer from the lack of nourishment while we live in a world of abundance?

Our guest today has a special interest in the issues of children and malnutrition. He is David Alnwick, Chief of the Health Section of UNICEF.

Joining me to talk with Mr. Alnwick are Thalif Deen of *Inter Press Service* and Betsy Pisik of *The Washington Times*. Mr. Alnwick welcome to **World chronicle**.

ALNWICK: Thank you.

LITTLEJOHNS: Mr. Alnwick, I think we need first of all to establish what is meant by malnutrition. I gather it is not simply a matter of too few calories, but there are many other factors involved.

ALNWICK: Yes, Michael. The report describes malnutrition as something that particularly affects young children. And in fact it often affects young children in communities where there isn't an overall shortage of food. Children become malnourished because of two immediate causes – because they become frequently affected with disease causing appetites to go down causing them to fail to grow and because they don't get the nutrients they need. But one of the reasons they don't get the nutrients they need is perhaps inadequate care, inadequate access to health facilities, as well as inadequate food supply. And in fact the report shows that in many parts of the world, the problem of child malnutrition can be as high as 50 or 60 percent, but in those same areas, the overall shortage of food is far less. So many children become malnourished in households and communities where food is relatively abundant.

LITTLEJOHNS: And UNICEF is providing vitamin supplements and mineral supplements and things like that to redress the problem?

ALNWICK: Yes. UNICEF is supporting a variety of actions at different levels. We certainly support micronutrient supplementation programmes to try to overcome some of these specific nutrient deficiencies – of course, our problems in young children, our problems in pregnant women – but we also support a range of community activities that help

to make communities aware of the problem of why young children don't grow well and help to promote actions in communities to address those overall problems as well.

LITTLEJOHNS: Give us some examples of micronutrients.

ALNWICK: There are three micronutrients that UNICEF has targeted for specific attention – vitamin A, iodine and iron. Vitamin A deficiency is now recognized to be a major problem in many parts of the world and there is a very substantial scientific data that show that where children have inadequate intakes of vitamin A, the risk of dying from all causes is increased by another quarter. Now, many of these children don't have evident or obvious signs of vitamin A deficiency. Viewers might know that the extreme signs of vitamin A deficiency surface after the child loses its sight, that is the child suffers from eye damage. But in many parts of the world, you don't see, fortunately, many children going blind from vitamin A deficiency. But the lack of obvious signs does not mean to say that there's no problem. I could mention iodine deficiency which in extreme iodine deficiency, people suffer from a swelling of a gland at the base of the neck – something called goiter. But it's now recognized that in areas where iodine intakes are inadequate, pregnant women face the risk of having fetuses which become mildly damaged during growth and children born with marginal mental retardation because of iodine deficiency. And this can be completely redressed by providing additional iodine intakes and the best way of doing that is through iodizing salt.

DEEN: I guess in most of the tropical countries this is as new like a vitamin D ...

ALNWICK: Well, that's a very interesting question. It would seem that the obvious answer is no because people ought to get it from sunlight and from exposing the skin to sun, although there are some reason to concern in countries such as Nigeria, in parts of Bangladesh and Ethiopia in fact, that children do have vitamin D deficiency, for one reason or another. There's a concern in China that perhaps 30 or 40 percent of children, particularly in northern parts of China, may be suffering from mild vitamin D deficiency. So it's not at all automatically the case that simply because there's sunlight, you don't have vitamin D problems.

DEEN: Mr. Alnwick, when you talked about the causes and consequences of malnutrition, to what extent is this attributed to extreme poverty, and to what extent is this due to the military conflicts that are going on in parts of Africa?

ALNWICK: Well, we – clearly the problems that I described have some immediate underlying and basic causes – and poverty, and low incomes and insecurity are clearly very important underlying causes of the problem and clearly all efforts are being made to improve those situations and to reduce poverty. We feel, however, that there are plenty of examples of where the growth of children, the nutrition of children can be improved in situations

where the underlying causes of poverty have not been tackled. Now that doesn't mean to say they're unimportant. What this report stresses is that perhaps we should start to recognize that malnutrition in young children is as much a cause of poverty as it is a consequence of community – that children who are undernourished don't grow well, don't contribute to development, to an economy, and that can be part of the problem as well.

DEEN: But your report also makes a point that malnutrition is also prevalent in the richer countries.

ALNWICK: Yes, it does make a point. It draws attention to the fact that there is malnutrition in richer countries. It's often of a different kind and often of not the same kind of magnitude. But there are problems of malnutrition in these countries, too.

PISIK: One of the things I'm wondering is, children are born into these situations, but how is it possible to redress them afterward. Can UNICEF come in with this vitamin supplements? Can they help bring a child back from malnutrition? Can damage be overcome?

ALNWICK: Partially. The thrust of UNICEF's support to governments and with Non-Governmental Organizations is from preventing malnutrition occurring in the first place. And that's where we put 90 percent of our effort. But there's an ethical need – absolute priority – to try and redress the problem of children who have already become malnourished and UNICEF certainly supports work to rehabilitate malnourished children. Physical growth, if it's caught early, can be caught up and the lack of child development can be partially caught up. But there is a period, the first year-and-a-half or the first six months of a child's life is particularly critical and, you know, lack of development during that time is rather hard to catch up so the best and most effective course of action is to prevent it occurring in the first place.

PISIK: Are governments largely receptive to UNICEF's efforts, I mean, do they welcome and help your work?

ALNWICK: Yes. Yes, I clearly – the answers must be yes and no. Governments have not been receptive enough to the problem of malnutrition, perhaps it would not be as bad as it is today but there is rapid progress being made which we described in the report. For example, virtually all countries in the world have – are close to achieving the goal which they agreed to at the World Summit for children – of tackling iodine deficiency through iodizing salt. So relatively straightforward actions to take but we have seen countries, large countries, such as People's Republic of China, small countries such as Rwanda and extremely difficult circumstances, but all taking action to pass laws, to work with our industry to try and assure that all the salt people eat, contains just a tiny quantity of iodine as does the salt that most people eat in the United States.

DEEN: Mr. Alnwick, UNICEF has always advocated breastfeeding as one of the fundamentals of good nutrition. But recently, there are fears that the breastfeeding can also help in the spread of AIDS from mother to child. What is the position of UNICEF on this? Are you still continuing to advocate breastfeeding?

ALNWICK: UNICEF still continues to advocate breastfeeding as the best possible way of feeding young children as a population-wide message for all groups of mothers. That's particularly important in developing countries, it's important for all women everywhere. We're fully cognizant of the data and fully recognize the problem and the scientific evidence now that there's a risk that the HIV virus, tragically, can be passed through breastmilk. UNICEF's supports, with the other agencies in UN aids, a statement and the policy which stresses that women who are HIV-positive should be given the option. They should be told of the risk associated with the transmission of the virus through breastmilk, they should also be informed of the risk of the usual alternative of artificial feeding and encouraged to adopt the option which they decide and with the person who's helping them to constitute the least risk.

DEEN: Yeah, getting an overall picture of UNICEF last year, I think you are – the Executive Director – said that there's a hundred million dollar cut in the UNICEF contributions. How is it going to affect you're advocacy of malnutrition in developing countries.

ALNWICK: Well, we hope it won't affect us too badly and we are trying to work as — to be more efficient and to tackle poverty problems harder than ever and we hope very much that whatever cuts – I am not sure, the figure you have, I did not come briefed at our overall financial position – whatever figure or shortfall that you may know about, we are certainly going to strive to improve our efficiency and our effectiveness and we hope that our funding situation will improve as our programmes become increasingly effective.

PISIK: Are there any areas that you would point to as a particular success for UNICEF or, just as importantly, any regions that are continuing to defile your efforts? Where are some of them?

ALNWICK: There are successes everywhere sort of large and small we have certainly talked about the successes in tackling micronutrient problems and an overriding success is the effort which has been made to combat iodine deficiency. I mean these was all nutrition textbooks talked about the problem of iodine deficiency for the last 50 or 60 years and we believe now by the year 2000 or maybe 2002 – we might skip a year or two – the problem of iodine deficiency will have been resolved, millions of children will be born free of this mild mental retardation that iodine deficiency has caused. This has been terribly important in many, many parts of the world. That's a big success story. Fifty percent of the children in

countries that are known to have vitamin A deficiency are receiving vitamin A supplements. Blindness due to vitamin A has become very much reduced. That's a success story. We talk about overall malnutrition and poor child growth and we talk about success stories there. There are notable successes in parts of Africa, even in countries whose economies have not improved very much. In Tanzania, there is a dramatic evidence of very successful programmes and reductions in malnutrition, we talk about Asia, Brazil and other places in the world.

LITTLEJOHNS: Mr. Alnwick, this report that we've talked about has, as the heading to its first chapter: The Silent Emergency. Why do you call it The Silent Emergency?

ALNWICK: Because we feel that malnutrition is perhaps under-recognized. They're not well recognized ...

LITTLEJOHNS: By their governments?

ALNWICK: By governments, by communities, by districts, by ordinary individuals. The kind of malnutrition we're talking about is not the malnutrition where you see a child's hair turning red, where you see a child with a pot belly or sort of stick limbs. We're talking about children who appear, to all intents and purposes, normal until you actually weigh the child or measure the child and see if that child has grown adequately for its age and then it appears that the child is actually a year or a year-and-a-half and sort of retarded in terms of its growth potential. That's the – the sort of invisible sign of malnutrition that doesn't become evident until people start measuring it, talking about it in statistics and talking about its causes.

DEEN: And what is UNICEF doing to raise awareness of this problem?

ALNWICK: We raise awareness through supporting surveys to document the problem, through advocacy at the highest level with governments, to bring it to the attention of governments and to support their activities at community and district levels. We support growth monitoring to help families measure children's growth and see whether they're growing well or not and take appropriate actions. So it's important that the problem be recognized at all levels.

LITTLEJOHNS: This is **World Chronicle**. Our guest is David Alnwick, Chief of the Health Section of UNICEF.

DEEN: Mr. Alnwick is malnutrition the exclusive task of UNICEF or do you coordinate with WHO – World Health Organization?

ALNWICK: That's a very good question. Of course, it is not the exclusive task of UNICEF and UNICEF welcomes all — welcomes calls for the support of all relevant UN agencies that can contribute – international agencies – that can contribute to bringing action to there and all many different government departments and other sectors of society. We

certainly work very closely with the World Health Organization. We work with the United Nations Development Programme, with the United Nations Fund for Population Activities, to name but a few, in working jointly to support efforts to combat problem of child malnutrition and maternal malnutrition.

PISIK: We've been hearing a lot about what's been happening in North Korea lately. I wonder if you can talk about some of UNICEF's efforts there and also explain, in talking about The Silent Emergency, we hear repeatedly that in North Korea the famine doesn't look like it does in other places – the children are not exhibiting a lot of the signs that are traditionally associated with malnutrition. Why is that?

ALNWICK: UNICEF has been providing considerable support in the Democratic People's Republic of Korea to help train workers to recognize the problem of malnutrition, we have shipped in emergency food supply, special milk supplements for children, a new high-energy milk formula with micronutrients supplementation that gets kids growing well and fast. Training people how to use it and that's been a major activity of ours and the latest reports we've been getting are that that has really helped rehabilitate children who were malnourished and helped to improve the situation, at least temporarily. We've been working very closely with the World Food Programme. The situation in DPRK when I last looked at the results were that they were certainly some places were there was obvious malnutrition and clear signs and other places where the signs were less clear. I think the big disparities within the country might partially explain that.

DEEN: When you talk of malnutrition and military conflicts, to what extent is the concept of using food as a weapon of war. How widespread is this?

ALNWICK: I'm not sure how widespread it is. There are clearly a number of countries, where embargoes have unfortunately affected availability of food and this certainly creates problems for poor populations.

DEEN: And UNICEF has been critical of this embargoes idea.

ALNWICK: UNICEF believes that children need and families need essential drugs and essential food stuffs and we've been working within the UN to try and make sure that that facility exists to get those essential requirements to populations.

LITTLEJOHNS: Mr. Alnwick, the head of UNICEF, Carol Bellamy, has been critical of the sanctions regime against Iraq. To what extent -- we have seen many reports about the effects of sanctions on women and children in Iraq – what information does UNICEF have to validate the criticisms of sanctions?

ALNWICK: We have been working – our office has been working – with local authorities, with health workers to document nutritional status of children, health status of children and we've shared these reports with the United Nations. We believe that there is

reason we object to data available and there has been a deterioration in the quality of life of population.

LITTLEJOHNS: And you advocate the lifting of sanctions or ...

ALNWICK: I think you have to ask Ms. Bellamy, but we advocate that children get the necessary food and drugs which are required for adequate growth and our position is that mechanisms can be put up in place to see that that happens within the present framework.

LITTLEJOHNS: When Pope John Paul II was in Cuba, he was very critical of the American economic embargo against that country. Have you evidence that women and children are suffering from malnutrition as a result of the American embargo?

ALNWICK: Yes. There is evidence of the deterioration. Certainly there I have perhaps in the best place to talk about nutritional problems but there is very clear evidence of an increase in problems of malnutrition and poor growth of children and particularly micronutrient deficiencies in Cuba.

PISIK: One of the things I am wondering is, what sorts of proposals, if any, you've put forward to the Turner Foundation? They're talking about a billion dollars in terms of UN programmes. What sorts of things would you like to see from UNICEF's ...

ALNWICK: I think the first thing to say is that, I understand, the United Nations Foundation is just being set up. So it's in its very early days but UNICEF would certainly like to see some of the proposals which we talked about in this report – State of the World's Children. Some of the ideas we talked about in being funded, being supported, actions to improve growth of young children to reduce the problem of malnutrition, to tackle some of these micronutrient problems, we'd like to see new vaccines introduced which is substantially available to combat viral disease.

PISIK: Have any of these proposals been put forward?

ALNWICK: No, I'm not in a position to say. I'm not for that programme funding office where, as I say, we're at a very early stages of discussion with the United Nations Foundation and I understand this is being done in a coordinated way within the United Nations system. UNICEF is very keen that attention be paid to children and some of these priority programmes.

DEEN: Mr. Alnwick, last year there was a proposal followed by UNICEF that whenever they have sanctions on a country, there should be a child impact assessment to make sure that the sanctions don't affect children and women. Did UNICEF pursue this?

ALNWICK: Well, as I said in – as Michael asked – in Iraq we certainly supported efforts to carefully monitor the situation of children. We've made those reports available. That's the country that I know most about.

DEEN: You have someone in Iraq – in Baghdad?

ALNWICK: We have an office in Baghdad, yes

LITTLEJOHNS: Thalif mentioned earlier on, Mr. Alwnick, the problem of – or the need for breastfeeding and I believe there was a campaign to dissuade the pharmaceutical companies that produce these substitutes to back off food with advertising promoting their stuff in developing countries. How successful has that been?

ALNWICK: I think that we – perhaps should not say there is a campaign. What we should say is that the World Health Assembly which is the – which consists of ministries of health of virtually all states of the world – under the auspices of the World Health Organization adopted what became known as the code of marketing – the International Code of Marketing for Breastmilk Substitutes and the World Health Assembly and the code called upon governments to desist from inappropriate promotion and marketing of infant formula - breastmilk substitutes for young children. We have helped to support efforts in developing countries and other countries to implement the code. It was a voluntary code that was a suggested international code – we have certainly helped governments to try and pass this international legislation. We believe it's been highly effective although we are cognizant of the fact that there are relatively few countries where all companies abide by the code. We believe if the code had not yet been implemented, the situation of breastfeeding will be far less satisfactory than it is today.

LITTLEJOHNS: Are the companies, on their own, observant of the code?

ALNWICK: I think it differs substantially from company to company and from country to country. There are some countries where governments have got fairly tough legislation and countries, more or less, obliged to adhere to the code. There are other countries where the situation is less satisfactory.

DEEN: At one point in your report, you mentioned that discrimination and violence against the women are major causes of malnutrition.

ALNWICK: Yes, indeed.

DEEN: How that ... can you clarify this?

ALNWICK: Well, as I said at the start, we very much see the poor child care, inadequate child care – the nurture, the love, the affection, the preparation of food, the protection of children against illness and ill-treatment – is a cause of poor child growth and malnutrition. So any thing – violence against women, which affects the woman's capacity to care for her child, indirectly affects the child as well and I think that's the context we have wrote about in our report.

PISIK: Can you talk a little bit about these baby-friendly hospitals that you are – these programmes that you are trying to implement in existing hospitals.

ALNWICK: Right. Baby-Friendly Hospital Initiative was again a multi-agency initiative where UNICEF work with WHO and other international agencies to encourage governments to embark upon, which aims to get all mothers starting breastfeeding in the best possible way. The strong evidence of breastfeeding should be initiated immediately after birth and should be exclusive and the BFHI, the Baby-Friendly Hospital Initiative – it consists of a training and accreditation programme where support is given to hospitals to train all health workers in the best management of breastfeeding and hospitals are recognized when they achieve certain milestones. It's been a highly successful programme and there are over ten thousand hospitals in the world which are now baby-friendly hospital – baby-friendly – and this movement is, in fact, spreading – rich countries and poor countries.

PISIK: What is the impact of high birth rates on malnutrition and on baby care?

ALNWICK: It's negative.

PISIK: I'm sorry?

ALNWICK: It's negative. Certainly high birth rates are one of the problems of malnutrition and a contributory cause, one of the underlying factors of malnutrition we talked about.

PISIK: And your emphasis on prevention then is – is UNICEF involved in family planning or ...

ALNWICK: Not specifically involved. There are other agencies in the UN system which are perhaps more suited to providing these services.

LITTLEJOHNS: Mr. Alnwick, as you know, the question of abortion has come up in connection with the re-payment of the United States' arrears to the United Nations. I know that abortion is not exactly connected with malnutrition except perhaps, marginally, but what is UNICEF's policy on the question of abortion?

ALNWICK: There are different kinds of abortions, of course, and women who have suffered the consequences of illegal or illicit abortion or who are sick from the after-effects of abortion certainly need priority care and health care. UNICEF itself, UNICEF programmes, do not support activities that support abortions or the training of health staff or provisional materials which are associated with abortions.

LITTLEJOHNS: But UNICEF doctors would presumably perform abortions, therapeutic abortions ...

ALNWICK: UNICEF has very few, if any. I think we have no doctors who are active in a clinical role in the field and so that question would not arise. The answer would be "no" in any event. Other than in an emergency situation, we would have very, very few doctors practising clinically and I don't think that question would be relevant.

LITTLEJOHNS: We have less than a minute left, but would you say you're winning the war against malnutrition? I mean – I read that more than half of the children in the world is suffering from some form of malnutrition.

ALNWICK: I think that there are signs of optimism. We, unfortunately, will not reach the 2000 goal, but we will make important progress. We will have major achievements to report by the year 2000 and a redoubling of effort, of concentration, a better focus of resources – additional resources – to tackle the problem of malnutrition will make a difference.

LITTLEJOHNS: How many people do you have working on this – specifically, on the question of malnutrition?

ALNWICK: Most of the UNICEF field offices – we have field offices in over a hundred and forty countries – in countries where malnutrition is a major problem, many of our staff in the field offices will be involved in this problem.

LITTLEJOHNS: Mr. Alnwick, that's all the time we have. Thank you for being with us on this edition of **World Chronicle.**